



Training Request Review Process

Name of Person Requesting Training: _____

Topic of Requested Training: _____

Date of Training Workgroup Review: _____

Does the proposed training...	No 1	DK 2	Yes 3	Comments
<p>...align with the Kalamazoo Wraps Mission?</p> <p>Improve the lives of youth with serious emotional disturbances (SED) and the lives of their families so that they have the opportunity to reach their full potential.</p>				
<p>...align with the Kalamazoo Wraps goals?</p> <ol style="list-style-type: none"> 1. Services which are timely and effective. 2. Families and youth are equal partners of service provision . 3. The system of care is: Coordinated, Strength Based, User Friendly, Simplified, & Responsive. 4. Family Resource Center serves families from all systems. 5. Cultural & Linguistic Competency is demonstrated across the SOC. 6. All stakeholders are informed and engaged. 7. Creating a culture of continuous improvement to achieve best outcomes. 8. The SOC is sustained through: Continuous Quality Improvement; Evaluation; Optimizing Resources . 				

Does the proposed training...	No 1	DK 2	Yes 3	Comments
<p>...align with the Kalamazoo Wraps Training Workgroup Mission?</p> <p>Offer and evaluate a wide variety of trainings for parents, caregivers, youth, professionals, and all who are impacted by youth with severe emotional disturbances (SED) in order to assist those youth and families in reaching their full potential.</p>				
<p>...meet a need not already fulfilled elsewhere?</p> <p>Is it a duplication of trainings? Could it be paired with another training or event?</p>				
<p>...yield consensus re its need?</p> <p>Does the Training and Best Practices Workgroup have consensus that there is a need for Kalamazoo Wraps to provide this training?</p>				

Training and Best Practices Workgroup feedback, if any (use additional sheets if necessary):

Date response forwarded: _____

By: _____